

CLAIMANT'S NAME				SOCIAL SECURITY NUMBER							
BYE		PROCESS DATE		LWP		BALANCE		WBA	EXT	BATCH	PR
State of Washington - Employment Security Department UNEMPLOYMENT INSURANCE CLAIM FORM											
OFFICE USE ONLY ADDR CHANGE? IPR? OUT-OF-AREA? LATE?											

Please print your name and social security number above. We cannot process your claim without it.

If your name, address or telephone number has changed since your last contact with this office, show the correction in the box to the right.

IMPORTANT: If your name, address and/or telephone number is incorrect, please show corrections here.	
Name	
Address	
Address	
City	State Zip
Phone No. Area Code ()	

ANSWER ALL QUESTIONS BELOW	I am claiming unemployment benefits for the calendar week(s) ending midnight Saturday. THE DATES ARE:	FIRST WEEK		SECOND WEEK	
		YES	NO	YES	NO
1. Were you physically able and available for work each day? (If No, complete "A" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you make an active search for work as directed and record your contacts on a Job Search Log? (If No, complete "A" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you refuse any offer of work or fail to go for a scheduled job interview? (If Yes, complete "A" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you applied for or did you receive workers or crime victim's compensation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you applied for or did you have a change in pension? (If Yes, complete "B" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive holiday pay? (If Yes, enter gross amount of pay before deductions and complete "C" below.)		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
7. Did you receive vacation pay? (If Yes, enter gross amount of pay before deductions and complete "D" below.)		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
8. Did you receive pay in lieu of notice or termination pay? (If Yes, enter gross amount of pay before deductions and complete "E" below.)		<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
9. Did you work? (If Yes, complete "F" below.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A If you answered **"NO"** to questions 1 or 2, or **"YES"** to question 3, tell us why. Give details. (Were you sick, on vacation, had you returned to work, was the job too far away?) GIVE EXACT DATES. Explain WHERE (such as job location or location of school); WHO was involved (name of person who interviewed you, name of doctor, name of school). If you have other information you believe important, please explain or attach documentation.
Explanation: _____

B If you answered **"YES"** to question 5, please provide the following information about your pension.
Pension source? _____; Is it: ☐ a new pension? or ☐ a change in an existing pension?
New or changed monthly amount before deductions is \$ _____; Effective date of this new or changed pension is _____

C If you answered **"YES"** to question 6, be sure you have shown the gross amount of the holiday pay before deductions. For what holiday(s) were you paid? _____; Payment source? _____; Hours paid for? _____

D If you answered **"YES"** to question 7, be sure you have shown the gross amount of pay before deductions. The vacation pay was for: ☐ a cash-out of prior time earned, or ☐ certain specified dates (If for specified dates, what dates and hours? _____); Payment source? _____

E If you answered **"YES"** to question 8, be sure you have shown the gross amount of pay before deductions. What type of pay? _____
For what date(s)? _____; Reason for pay? _____; Payment source? _____

F If you answered **"YES"** to question 9, please provide the **HOURS** and **EARNINGS** information for each employer you worked for.

1. Employer's Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Type of Work: _____

NUMBER OF HOURS WORKED EACH DAY

FIRST WEEK									SECOND WEEK								
SU	MO	TU	WE	TH	FR	SA	TOTAL HOURS	GROSS EARNINGS	SU	MO	TU	WE	TH	FR	SA	TOTAL HOURS	GROSS EARNINGS

If not scheduled to work after week(s) claimed, check reason why:

1 ☐ QUIT; 2 ☐ FIRED; 5 ☐ LACK OF WORK;
9 ☐ LACK OF WORK, HOURS REDUCED;
☐ OTHER _____

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City: _____ State: _____ Zip: _____ Type of Work: _____

NUMBER OF HOURS WORKED EACH DAY

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FIRST WEEK							TOTAL HOURS	GROSS EARNINGS	SECOND WEEK							TOTAL HOURS	GROSS EARNINGS
SU	MO	TU	WE	TH	FR	SA			SU	MO	TU	WE	TH	FR	SA		

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9 ☐ LACK OF WORK, HOURS REDUCED;
☐ OTHER _____

– PLEASE READ CERTIFICATION STATEMENT AND SIGN HERE BEFORE TURNING IN YOUR CLAIM FORM –

I certify that all information I provided on this form is correct. I know the law imposes penalties for false statements made on this claim.



CLAIMANT'S SIGNATURE

EMS 5325 (Rev. 11/03) CC 7540-032-167